FESOP RENEWAL PERMIT APPLICATION

State Form 50083 (03-01)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

Indiana Dept. of Environmental Management
Office of Air Quality - Permits Branch
100 N. Senate Avenue
P.O. Box 6015
Indianapolis, IN 46206-6015
Phone: (317) 233-0178 or
1-800-451-6027 ext. 30178 (Indiana Residents Only)
http://www.state.in.us/idem/oam/permits/index.html

NOTE:

- The FESOP expires five (5) years after the issuance date of the original permit.

- Please submit three (3) copies of the following information with your FESOP renewal application:
    (1) FESOP Renewal Application (this form) or form GSD-01 from your original application with current information.
    (2) Copies of the original FESOP and TSD.
    (3) Copies of any amendment or revision to the FESOP.
    (4) A list of exempt or insignificant activities that have been added.
    (5) A list of emission units that have been removed.

- Public notice requirements apply to all FESOP renewal applicants. See instructions for details.

- You can fill out this form electronically, using the mouse and keyboard. Simply click inside of the first form field to begin, and advance to the next fields using the "tab" key on your keyboard, or by clicking in the field with the left button of your mouse. Print the completed form, and submit it to IDEM, OAQ with your application packet at the address listed in the upper right of this page. Online help is available for this form at http://www.state.in.us/idem/guides/appinstructions/oaq/fesoprenewal.html

FOR AGENCY USE ONLY	
Application Tracking Number	
Application Receipt Date	

DATE APPLICATION COMPLETED

PART A: GENERAL SOURCE INFORMATION

1. Company name:

2. Company mailing address *(number and street)*:

City:	State:	ZIP Code:	**3.** Telephone number:

4. Company street address (if different from mailing address)*(number and street):*

City:	State:	ZIP Code:

5. Contact person name *(first, last)*[1]:

6. Contact person telephone no: | **7.** Contact person fax no *(optional)*:

8. Has the source submitted a Risk Management Plan (RMP)?:

☐Yes*
Date submitted
(mm/dd/year):_____

☐No

*If yes, provide the date the RMP was submitted in the corresponding blank.

9. Does this application contain any new construction?:

☐Yes   ☐No

PART B: SOURCE LOCATION

10. Longitude of plant site: | **11.** Latitude of plant site:

12. UTM Coordinates of plant site *(if known):*

Zone: | Horizontal: | Vertical:

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[1] A contact person at the source must be provided, even if the application is being handled by a consultant.

PART C: OWNER INFORMATION

13. Owner company name:

14. Mailing address *(number and street)*:

City	State:	ZIP Code:	**15.** Telephone number:

16. Agent name *(first, last)*:

17. Agent mailing address *(number and street):*

City:	State:	ZIP Code:

18. Telephone number:	**19.** Fax number *(optional)*:

PART D: OPERATOR INFORMATION (if different from owner)

20. Does the owner company operate the source(s) to which this application applies? *(check yes or no)*

** If yes, omit items #20-#25 and proceed to item #26 in Part E.
*** If no, then fill out items #20-#25 below.

☐ Yes**   ☐ No***

21. Operator company name:

22. Mailing address *(number and street):*

City:	State:	ZIP Code:

23. Contact person name *(first, last)*:

24. Contact person telephone no:	**25.** Contact person fax no *(optional)*:

PART E: LIBRARY LOCATION

► For the items below, provide the location where the copy of your application with attachments was placed. You must choose the library closest to the source and within the same county.

26. Library name:

27. Mailing address *(number and street)*:

City:	State:	ZIP Code:	**28.** Telephone number:

PART F: EPA AREA DESIGNATION

29. EPA Area Designation *(check applicable designation for each pollutant)*:

DESIGNATION		Ozone	CO	PM$_{10}$	SO$_2$	Lead
Attainment		☐	☐	☐	☐	☐
Unclassifiable		☐	☐	☐	☐	☐
Nonattainment	*Primary*	☐	☐	☐	☐	☐
	Secondary	☐	☐	☐	☐	☐
	Severe	☐	☐	☐	☐	☐
	Moderate	☐	☐	☐	☐	☐
	Marginal	☐	☐	☐	☐	☐

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PART G: PLANT DESCRIPTION

30. List all processes and products for normal operation:

	SIC Code	NAICS Code[2]	Process	Products
a.				
b.				
c.				
d.				
e.				
f.				
g.				
h.				

PART H: AUTHORIZED INDIVIDUAL

31. Name *(first, last)*:

32. Title:

33. Mailing address *(number and street):*

City:

State:

ZIP Code:

34. Telephone number:

35. Fax number *(optional):*

PART I: CERTIFICATION OF TRUTH, ACCURACY, AND COMPLETENESS

36. NOTE: This certification must be signed by an authorized individual (see instructions and/or 326 IAC 2-1.1-1(1)). Applications without a signed certification will be returned as incomplete.

I certify under penalty of law that, based on information and belief formed after reasonable inquiry, the statements and information contained in this application are true, accurate, and complete.

Name *(typed)*: _____

Title: _____

Signature _____

Date *(mm/dd/year)*: _____

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[2] Optional if application is to be submitted before December 31, 2002.

PART J: COMPLETENESS CHECKLIST		

37. Fill out the following checklist, placing a check in the box corresponding to the completion status of each item listed[3].

COMPLETENESS CHECKLIST[3]	INFORMATION PROVIDED	NOT APPLICABLE
1) FESOP renewal application or GSD-01	☐	☐
2) Copy of original FESOP **Provide FESOP Permit Number:** _____	☐	☐
3) Copy of FESOP TSD	☐	☐
4) Copies of any Administrative Amendments ⇒ List Administrative Amendment Numbers Below: a. b. c. d. e. f. g. h. i. j.	☐	☐
5) Copies of any FESOP permit modifications or revisions ⇒ List FESOP Modification/Revision Numbers Below: a. b. c. d. e. f. g. h. i. j.	☐	☐
6) List of exempt or insignificant activities that have been added	☐	☐
7) List of emission units that have been removed	☐	☐
8) The authorized individual has certified the application	☐	☐

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[3] If no blank is checked, it will be assumed that the application is not complete and a request for information will be made.